

Agency Case Number C000880358-01		Agency NCIC Number GAGSP0000		GEORGIA MOTOR VEHICLE CRASH REPORT				County DOUGLAS			Date Rec. by GDOT		
Estimated Crash Date 02/14/23	Time 16:00	Dispatch Date 02/14/23	Time 16:23	Arrival Date 02/14/23	Time 16:53	Vehicles 2	Total Number of Injuries 0	Fatalities 0	Inside City Of				
Road of Occurrence I20WB EXIT RAMP				At Its Intersection With					.. Corrected Report				
Not At Its Intersection But 0.1 Miles Feet				North .. East South .. West Of SR 6					.. Sup To Original				
Latitude (Y) (Format) 33.77699395079 00.00000				Longitude (X) (Format) -84.6033503325974 -00.00000					.. Hit And Run?				
Unit # 1	Driver Ped Bike	LAST NAME PARKER				MIDDLE B	Unit # 2	Driver Ped Bike	LAST NAME SMITH				MIDDLE RYAN
		Address 1871 BEXAR AVE EAST							Address 3234 W ANDERSON DR				
City ALPHARETTA		State GA	Zip 30005	DOB /1975	City LITHIA SPRINGS		State GA	Zip 30122	DOB /1978				
Driver's License No. 6614715		Class C	State AL	Country UNITED STATES	Driver's License No. 060231179		Class C	State GA	Country UNITED STATES				
Insurance Co. CANAL INS		Policy No. I-641351001-5	Telephone No.			Insurance Co. FEDERATED MUTUAL INS		Policy No. 6121845	Telephone No.				
Year 2015		Make FRHT	Model M2 106			Year 2018		Make FORD	Model TRANSIT				
VIN 3ALACWDT6FDGR9127		Vehicle Color WHI				VIN 1FDYR5PM4JKA44101		Vehicle Color WHI					
Tag # 49A0T8R		State AL	County	Year 2023			Tag # TCF2315		State GA	County DOUGLAS	Year 2023		
Trailer Tag #		State	County	Year			Trailer Tag #		State	County	Year		
.. Same as Driver		Owner's Last Name PREMIER LLC	First	Middle			.. Same as Driver		Owner's Last Name PANTHER BRANDS LLC	First	Middle		
Address 1871 BEXAR AVE EAST		Address 3234 W ANDERSON DR											
City ALPHARETTA		State GA	Zip 30005	City LITHIA SPRINGS		State GA	Zip 30122-2505						
Removed By: DRIVER		.. Request List		Removed By: DRIVER		.. Request List							
Alco Test: 2	Type:	Results:	Drug Test: 2	Type:	Results:	Alco Test: 2	Type:	Results:	Drug Test: 2	Type:	Results:		
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1		First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1			
Operator Contributing Factors: 3						Operator Contributing Factors: 1							
Vehicle Contributing Factors: 1			Roadway Contributing Factors: 1			Vehicle Contributing Factors: 1			Roadway Contributing Factors: 1				
Direction of Travel: 4		Vehicle Maneuver: 5		Non-Motor Maneuver:		Direction of Travel: 4		Vehicle Maneuver: 5		Non-Motor Maneuver:			
Vehicle Class: 1		Vehicle Type: 8		Vision Obscured: 1		Vehicle Class: 1		Vehicle Type: 10		Vision Obscured: 1			
Number of Occupants: 1		Area of Initial Contact: 12		Damage to Veh: 2		Number of Occupants: 1		Area of Initial Contact: 6		Damage to Veh: 2			
Traffic-Way Flow: 3		Road Comp: 2		Road Character: 1		Traffic-Way Flow: 1		Road Comp: 2		Road Character: 1			
Number of Lanes: 6		Posted Speed: 70		Work Zone: 0		Number of Lanes: 2		Posted Speed: 70		Work Zone: 0			
Traffic Control: 7						Device Inoperative: .. Yes .. No							
Citation Information: Citation # W97E42856 O.C.G.A. § _____						Citation Information: Citation # _____ O.C.G.A. § _____							
Citation # _____ O.C.G.A. § _____						Citation # _____ O.C.G.A. § _____							
Citation # _____ O.C.G.A. § _____						Citation # _____ O.C.G.A. § _____							
COMMERCIAL MOTOR VEHICLES ONLY													
Carrier Name: PREMIER LLC						Carrier Name:							
Address 1871 BEXAR AVE E			City HAMILTON	State AL	Zip 35570	Address			City	State	Zip		
U.S. D.O.T. # 1993780			No. of Axles 1	G.V.W.R. 01		U.S. D.O.T. #			No. of Axles	G.V.W.R.			
Cargo Body Type 6			Vehicle Config. 2	.. Interstate .. Intrastate	Fed. Reportable Yes .. No	Cargo Body Type			Vehicle Config.	.. Interstate .. Intrastate	Fed. Reportable Yes .. No		
C.D.L.? .. Yes .. No			C.D.L. Suspended? .. Yes .. No			C.D.L.? .. Yes .. No			C.D.L. Suspended? .. Yes .. No				
Vehicle Placarded? .. Yes .. No			Hazardous Materials? .. Yes .. No			Vehicle Placarded? .. Yes .. No			Hazardous Materials? .. Yes .. No				
Haz Mat Released? .. Yes .. No						Haz Mat Released? .. Yes .. No							
If YES: Name or four Digit Number from Diamond or Box: _____ One Digit Number from Bottom of Diamond: _____						If YES: Name or four Digit Number from Diamond or Box: _____ One Digit Number from Bottom of Diamond: _____							
.. Ran Off Road .. Down Hill Runaway .. Cargo Loss or Shift .. Separation of Units						.. Ran Off Road .. Down Hill Runaway .. Cargo Loss or Shift .. Separation of Units							

COLLISION FIELDS

Manner of Collision:	3	Location at Area of Impact:	1	Weather:	1	Surface Condition:	1	Light Condition:	1
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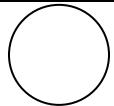
NARRATIVE

Vehicle 2 was traveling West on Interstate 20 exiting onto State Route 6. Vehicle 1 was traveling West on Interstate 20 on the exit ramp, directly behind Vehicle 2. Vehicle 1 was following too closely to Vehicle 2 and struck the rear bumper of Vehicle 2 with the front bumper of Vehicle 1. Both vehicles came to final, controlled rests on the North shoulder of the exit ramp.

This investigation was digitally recorded GSP USB 2126, CAR 508.

DIAGRAM

INDICATE
NORTH



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle

Owner

WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number
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OCCUPANT INFORMATION

1	Name (Last, First): PARKER, ALVIN					Address: 1871 BEXAR AVE EAST ALPHARETTA, GA 30005				
	Age: 47	Sex: M	Unit #: 1	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	

2	Name (Last, First): SMITH, JODY					Address: 3234 W ANDERSON DR LITHIA SPRINGS, GA 30122				
	Age: 44	Sex: M	Unit #: 2	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
	Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	

ADMINISTRATIVE

Photos Taken:	Yes	By:	Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404)635-2963.							
	✓ No									
Report By:	Agency:	Report Date:	Checked By:	Date Checked:						
GRANT, ROBERT MICHAEL #0508	GSPD\POST 4	02/14/23	MOORE, MARSHALL L #0510	02/21/23						

ADDITIONAL or FULL PAGE DIAGRAM

